

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MT</i>	<i>JE 873</i> <i>523</i>	<i>12-01-00</i> <i>04/13/01</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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11	✓	✓	
12	✓	✓	
13	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
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142	✓	✓	
143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)